

True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

True Resolutions Inc.
Notice of Independent Review Decision

Case Number:

Date of Notice: 09/29/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

ERMI shoulder flexinator rental X 30 days 5/27-6/25/15

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female who was injured on XX/XX/XX and is status post left shoulder rotator cuff repair in xxxx of xxxx followed by a capsule release and manipulation under anesthesia performed on 06/23/15. The patient started post-operative physical therapy with the discharge report on 06/22/15 noting continued loss of range of motion in the left shoulder in all planes which had worsened in comparison with the initial evaluation. Following the manipulation under anesthesia procedure, the 07/23/15 physical therapy evaluation noted an increase in left shoulder active range of motion with flexion to 100 degrees and internal rotation to T12. External rotation was to 45 degrees. The patient was recommended to continue with physical therapy in order to improve range of motion in the left shoulder. The 07/22/15 evaluation noted pain over the left shoulder. The patient's physical examination noted internal rotation to 40 degrees external rotation to 70 degrees flexion to 110 degrees and abduction to 75 degrees. Per this report recommended continuing the use of a flexionator. The patient's physical therapist also recommended utilizing the shoulder flexionator for home use to help with range of motion. The requested continuation of a shoulder flexionator rental for 30 days from 05/27/15-06/25/15 was denied by utilization review as there were no high quality studies supporting the efficacy of the device.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Per the clinical records the patient had undergone a previous rotator cuff repair in October 2014 and had residual pain and tightness in the left shoulder. The physical therapy records prior to the 06/23/15 manipulation under anesthesia procedure noted persistent loss of range of motion in the left shoulder with overall worsening flexion and abduction. Per current guidelines flexionator and extensionators are under study for adhesive capsulitis with no high quality evidence yet available. The current clinical literature has found no differences between patients who were treated with shoulder flexionators as compared to the controlled group that performed physical therapy exercise alone. In this case the patient failed to have substantial improvement range of motion that resulted in manipulation under anesthesia procedures on 06/23/15. Given the lack of evidence in the current clinical literature supporting the use of a flexionator as compared to standard physical therapy alone, and as there was no significant improvement documented in the records to support a month long rental of the device, it is this reviewer's opinion that medical necessity for the request has not been established and the prior denial denials remain upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)